

trusions of the anus and of the rectum do occur, singly or conjointly, arising from causes not now under consideration. The operative proceedings suggested by different authors may be suitable to special examples of those cases; but they are in very few, indeed, that I am aware of, persistently beneficial, and in all they are more or less hazardous. Those operations have for their object, mainly, the more perfect and the more complete closing of the sphincter, either by its shortened and divided fibres, or by the consolidation of such with the anal orifice, tegumentary or mucous. I am of opinion, however, that the result of the above case may lead to the hope that a milder mode of proceeding may be adopted, and that the agglutination of the mucous wall of the rectum to its muscular, by the establishment of healthy inflammatory action, can be effected in the manner I have detailed, so as to enable the special muscles about the lower aperture of the rectum to perform the natural and requisite offices. Moreover, the cicatrization of the several ulcerated chinks, the necessary result of the procedure, will tighten up the mucous membrane, so as to render permanent such union. In the particular locality I have marked, away from the external orifice, the mucous membrane appears to be as little sensitive as the tracheal mucous membrane is distant from the larynx; and hence the comparative freedom from pain in the application of the remedy.

50. *Nitrate of Silver for the Cure of Prolapsus Ani.*—Mr. LLOYD treats prolapsus ani by smearing the whole surface of the protruded bowel with solid caustic, and then returning the bowel. The application is repeated once in a week or fortnight, as may be requisite. Mr. Lloyd states that he rarely found it necessary to employ it more than three or four times; and further, that although the plan had been one invariable resort with him, for a long series of years, that he had never known any untoward consequences to result. In cases in which the protruded bowel has become swollen, and is difficult of reduction, the effect of the caustic is surprising. In one such case, the mass could be easily seen to diminish in size under its influence. Mr. Lloyd does not limit the use of this remedy solely to prolapsus, but adopts it also in cases of haemorrhoidal congestion, and thickening of the mucous membrane about the verge of the anus.—*Med. Times and Gazette.*

51. *Particular Method of Applying Cauterization for the Reunion of Anomalous Fissures, and especially those of the Palate.*—M. CLOQUET proposes, in divisions of the *velum palati*, to take advantage of the great amount of retraction which occurs in the cicatrix consequent on burns.

We need not in such cases, says M. Cloquet, cauterize the edges of the fissure throughout their whole length, converting them into a granulating sore, the cicatrization of which must be afterwards assisted by sutures, appropriate bandages and the maintenance of correct adaption. This method, long known to the profession, sometimes succeeds, but often entirely fails. The one which I propose, adds M. Cloquet, consists in applying the cautery to the angle of the fissure, and that only to a limited extent; leaving the contraction of the cicatricial tissue to operate, and then, practising a similar cauterization, and waiting for some time to renew the application in such a way as by repeated operations to bring the edges of the division towards each other, and to unite them by a succession of cicatrizations which may be regarded as so many successive points of suture. The double advantage is thereby gained of being thus enabled to watch, step by step, the results of the treatment, and to obtain unions of the most difficult nature by an operation, simple, scarcely painful, and exempt from all danger. It is especially in fissure of the palate that M. Cloquet considers the advantages of this mode of operating as uncontested, and he mentions four cases in all of which the operation had been attended with equally successful results. There had been no pain felt, no change in habits or regimen necessary, and no complications had arisen. The operation was of the most simple nature, every surgeon could perform it. It required the aid of no assistant, an advantage of great importance in country practice; and, lastly, it could be practised on very young children. One objection urged against this method was the length of time required for completion of the cure, but the

slowness of its action constituted its safety, and the inconvenience arising in this way was very small, as the patient experienced no alteration in his health or habits during its progress.

The cauterization may be effected by two different means; namely, either by caustics or the actual cautery. M. Cloquet states that in the first of those cases where he attempted this method, he used, as the cauterizing agent, the acid nitrate of mercury, and succeeded completely. However, he prefers the actual cautery, its action being deeper, almost instantaneous and consequently less painful, while it occasions a more firm cicatrix, and one which becomes more rapidly organized. The three other patients were treated in this manner, and the results obtained confirmed his opinion on this point. An almost insurmountable obstacle to its employment might be, however, occasionally met with in the terror of the patient. But, fortunately, science provides us with a means of obviating this inconvenience; as a platina wire introduced within the mouth, before the electric circuit is completed, cannot excite the patient's alarm, and as it can afterwards by this means be brought to a white heat, and be kept incandescent for any length of time, the surgeon is enabled to act with all the calmness and precision desirable.—*Monthly Journal of Medicine*, May, 1855, from *Gazette Médicale*, March 3.

52. *On the Employment of Tracheotomy in Croup.*—M. TROUSSEAU loses no opportunity of bringing before the Profession the claims of this operation, which he believes have not met with due acknowledgment, especially in Britain. He states that his employment of it has been more successful than ever during the last year, for of nine operations he has performed, recovery has been the result in seven. During the last four years he has operated 24 times in private practice with 14 recoveries; and at the Hôpital des Enfants Malades tracheotomy was performed 216 times, with 47 recoveries, almost a fourth. This is a considerable result when we consider the social condition of the children brought to the hospital, the injudicious treatment they had usually already been submitted to, and the disastrous condition in which they are placed after the operation, surrounded by various foci of contagion, so that when all seems going on well, scarlatina, variola, or pertussis may induce the most dangerous complications. M. Trousseau feels convinced that in civil practice success will attend full one-half of the operations, provided they be undertaken under conditions rendering success possible. This qualification is important, for if diphtheritic inflammation has deeply contaminated the system, so that the skin, and especially the nasal fossæ, exhibit the special phlegmasia, if the frequency of pulse, delirium, and prostration indicate a complete poisoning of the system—the peril being rather in this general condition than in the local lesion—the operation should never be attempted, as it is then always fatal. But if the local lesion constitutes the principal danger, at whatever degree the asphyxia may have arrived, the child having but a few minutes to live, tracheotomy will succeed almost as well as if performed three or four hours sooner.

M. Trousseau has now performed the operation above 200 times, and he particularly insists upon its being executed with due deliberation, without any attempt at display. The double canula must always be employed, and as large a one as can conveniently enter the trachea. The operation completed, the most urgent thing to attend to is the feeding of the child, for, under the influence of abstinence the absorption of external miasmata, and of the vicious secretions fabricated within the body is favoured, and the power of resistance is enfeebled. Without gorging the child with food its appetite when present must be satisfied, while when there is none it must still be forced to eat, and by feigning intimidation M. Trousseau has got children to eat who otherwise would have been lost. Milk, eggs, chocolate, and broths form the most suitable diet.

The much greater success which has attended his operations in late compared with former years, M. Trousseau attributes in part to practitioners not previously exhausting the patient's strength by bleeding and blistering so much as formerly. After the operation, all medicinal treatment must be dis-